

**UNITED STATES ENVIRONMENTAL PROTECTION AGENCY - REGION 2**  
**Division of Enforcement & Compliance Assistance - Air Compliance Branch (DECA-ACB)**  
 290 Broadway-21<sup>st</sup> Floor  
 New York, NY 10007-1866

**NOTIFICATION OF DEMOLITION AND RENOVATION**

Operator Project #	Postmark <i>5.19.11</i>	Date Received <i>5.20.11</i>	Notification <i>220113</i>
<b>I. TYPE OF NOTIFICATION</b> (O = Original / R = Revised) : <b>Revised</b>			
<b>II. FACILITY INFORMATION</b> ( Identify owner, removal contractor, and other operator)			
OWNER: Westchester Medical Center			
Address: 95 Grasslands Road			
City:Valhalla		State: New York	ZIP: 10595
Contact: Anthony Lagnese			Tel: 516-523-5504
REMOVAL CONTRACTOR: JVN Restoration Inc.			
Address: 47 Foster Road			
City: Staten Island		State: New York	ZIP: 10309
Contact: John Tardy			Tel: 718-605-6256
Address:			
OTHER OPERATOR:			
Contact:			Tel:
<b>III. TYPE OF OPERATION</b> ( D = Demolition / R = Renovation) : <b>R / Asbestos Removal Only</b>			
<b>IV. IS ASBESTOS PRESENT?</b> (Yes/No): <u>yes</u>			
<b>V FACILITY DESCRIPTION</b> (include building name, number and floor or room number): <b>Radiology Department &amp; Nuclear Medical Wing (Main Building)</b>			
Building: Westchester Medical Center			
Address: 95 Grasslands Road			
Address:			
City Valhalla		State: New York	County: Westchester
Site Location: Westchester Medical Center			
Building Size	SqMeter:	SqFt: 100000	# of Floors: Age in Years 50+
Present Use: Hospital		Prior Use: Hospital	
<b>VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:</b> Bulk/PLM (AHERA)			
<b>VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:</b>			
	RACM to be Removed Category II		Non-friable Asbestos Material not to be removed Category I
PIPES - Linear Feet			
PIPES- Linear Meters			
Surface Area - Square Feet	11,335		
Surface Area - Square Meters			
Volume RACM off Facility Component - Cubic Feet			
Volume RACM off Facility Component - Cubic Meters			
<b>xVIII. SCHEDULED DATES OF ASBESTOS REMOVAL:</b> (MM/DD/YY) Start: 11/29/2010 Completion:11/1/2011			
<b>X. SCHEDULED DATES OF DEMOLITION/RENOVATION:</b> (MM/DD/YY) Start: Completion:			

**X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:**  
N/A

**XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:**  
Negative air machines under HEPA filtration system. Wet Methods.

**XII. WASTE TRANSPORTER #1**

Name: Express Waste Services

Address: 614 Frelinghuysen Avenue

City: Newark

State: New Jersey

ZIP: 07114

Contact Person:

Telephone:

**WASTE TRANSPORTER #2**

Name:

Address:

City:

State:

ZIP:

Contact Person:

Telephone:

**XIII. WASTE DISPOSAL SITE**

Name: Cumberland County Landfill

Address:

City: Newburg

State: PA

ZIP: 17242

Telephone: 717 423-5917

**XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW**

Name: N/A

Title:

Authority:

Date if Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY) :

**XV. FOR EMERGENCY RENOVATIONS**

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

**XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:**

**XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation) .**

John Tardy

5/19/2011

Signature of Owner/Operator

Project Manager

Date

**XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.**

John Tardy

5/19/2011

Signature of Owner/Operator

Project Manager

Date

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Address:			
City Valhalla	State: New York	County: Westchester	
Site Location: Westchester Medical Center			
Building Size	SqMeter:	SqFt: 100000	# of Floors: Age in Years 50+
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PIPES - Linear Feet	50		
PIPES- Linear Meters			
Surface Area - Square Feet	11,835		
Surface Area - Square Meters			
Volume RACM off Facility Component - Cubic Feet			
Volume RACM off Facility Component - Cubic Meters			
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Signature of Owner/Operator *John Tardy*  
Project Manager

9/2/2011

Date

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Signature of Owner/Operator *John Tardy*  
Project Manager

9/2/2011

Date